



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Friese et al.

Serial: 08/427,468

Art Unit: 3308

Filed: April 24, 1995

Examiner: K. Reichle

For : **TAMPON ESPECIALLY FOR FEMININE HYGIENE AND A PROCESS APPARATUS FOR PRODUCING THIS**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on

April 8, 1997

(Date of Deposit)

Joel A. Rothfus

(Name of applicant, assignee, or registered representative)

(Signature)

April 8, 1997

(Date of Signature)

Assistant Commissioner For Patents
Attn: Official Draftsman
Washington, D.C. 20231

LETTER TO DRAFTSMAN

Dear Sir:

Applicants submit herewith the enclosed replacement sheet 1 in connection with the above-identified application. Applicants have amended Fig 10, reference numeral 17. This amendment is indicated in red ink.

Please charge Deposit Account No. 10-0750/J&J 1576/JAR in the name of Johnson & Johnson for any costs associated with this filing. Three copies are enclosed for fee purposes.

Respectfully submitted,

Joel A. Rothfus

Reg. No. 33,277

Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(908) 524-2722
DATE: April 8, 1997

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9-19-92



In re application of Friese et al.

Serial No. 08/427,468

Filed: April 24, 1995

For: TAMPON ESPECIALLY FOR FEMININE HYGIENE AND A PROCESS APPARATUS FOR PRODUCING THIS

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

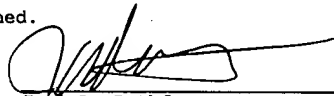
- ☐ No additional fee is enclosed because this application was filed prior to October 25, 1965 (effective date of Public Law 89-83).
- ☐ No additional fee is required.
- ☒ One stamped, self-addressed postcard for the PTO Mail Room date stamp.
- ☒ Petition For Extension of Time and charge to Deposit Account of Appropriate Fee

The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	minus	20	0	x \$22	=\$ 0.00
INDEP. CLAIMS	3	minus	4	0	x \$80	=\$ 0.00
MULT. DEP. CLAIMS	<input type="checkbox"/>				\$ 260	=\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						=\$ 0.00

- ☐ Charge to Deposit Account No. 10-0750/ / . Three copies of this sheet are enclosed.
- ☒ Please charge any additional fees in connection with the filing of this communication, or credit overpayment, to Deposit Account No. 10-0750/J. 1576/JAR. Three copies of this sheet are enclosed.
- ☐ A check in the amount of is attached.


Joel A. Rothfus
Attorney of Record
Reg. No. 33,277

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, New Jersey 08933-7003
(908) 524-2722
April 8, 1997

SERIAL NO. 08/427,468 DOCKET NO. J&J1576BY JAR/sd
APPLICATION OF FRIESE ET AL. MAILED: 4/8/97
ENTITLED TAMPON ESPECIALLY FOR FEMININE HYGIENE AND
A PROCESS APPARATUS FOR PRODUCING THIS
THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE
STAMPED HEREON:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> AFFIDAVIT | <input type="checkbox"/> DECLARATION | <input checked="" type="checkbox"/> EXTENSION OF TIME <u>3 Months</u> |
| <input checked="" type="checkbox"/> AMENDMENT | | <input type="checkbox"/> NOTICE OF APPEAL |
| <input type="checkbox"/> ASSIGNMENT FOR RECORDING | | <input type="checkbox"/> OATH OR <input type="checkbox"/> DECLARATION |
| <input type="checkbox"/> BRIEF | | <input type="checkbox"/> POWER OF ATTORNEY |
| <input checked="" type="checkbox"/> CHARGE TO DEPOSIT ACCOUNT 10-0750 | | <input type="checkbox"/> PRELIMINARY STATEMENT |
| <input checked="" type="checkbox"/> DRAWINGS <u>Replacement Sheet</u> | | <input type="checkbox"/> PRIORITY DOCUMENT |
| <input type="checkbox"/> ISSUE FEE TRANSMITTAL | | <input type="checkbox"/> STATUS INQUIRY |
| <input checked="" type="checkbox"/> LETTER <u>Cover</u> | | <input type="checkbox"/> SPECIFICATION |
| <input type="checkbox"/> PCT FILING | | <input type="checkbox"/> CLAIMS |
| <input type="checkbox"/> IDS - FORM 1449 | | <input type="checkbox"/> |

